

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

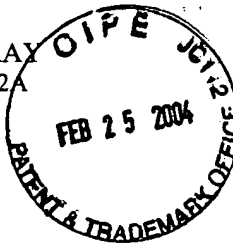
**Mail Stop ISSUE FEE
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Alexandria, Virginia 22313-1450
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7590 11/25/2003

ALBERT P. CEFALO AND WILLIAM CRAY
CYMER, INC. LEGAL DEPARTMENT MS/1-2A
16750 VIA DEL CAMPO COURT
SAN DIEGO, CA 92127



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

| | |
|---------------------------|--------------------|
| Stephanie Sharrett | (Depositor's name) |
| <i>Stephanie Sharrett</i> | (Signature) |
| February 25, 2004 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

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|------------|------------|--------------------|--------------|------|
| 09/300,137 | 04/27/1999 | KENNETH E. LAZARUS | ACX-103CN2CP | 4135 |
|------------|------------|--------------------|--------------|------|

TITLE OF INVENTION: PACKAGED STRAIN ACTUATOR

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|-----------|-----------------|------------------|----------|
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| nonprovisional | NO | \$1330 | \$0 | \$1330 | 02/25/2004 |
|----------------|----|--------|-----|--------|------------|

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------|----------|----------------|
|----------|----------|----------------|

| | | |
|--------------------|------|------------|
| BUDD, MARK OSBORNE | 2834 | 310-332000 |
|--------------------|------|------------|

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 William Cray

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CYMER, INC.

San Diego, California USA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee
☒ Advance Order - # of Copies 10

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- ☐ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
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(Authorized Signature) *[Signature]* (Date) February 25, 2004

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03/01/2004 FHETEK12 00000154 034060 09300137

01 FC:1501 1330.00 DA
02 FC:8001 30.00 DA

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